

AETNA HEALTH PLAN APPEAL PROCESS

For State of Delaware's Aetna Consumer Directed Health (CDH) Gold and HMO Health Plans

DEPARTMENT OF HUMAN RESOURCES
STATEWIDE BENEFITS OFFICE

INITIAL SERVICE

1. Employee receives service and a claim is filed by the employee (or by provider on employee's behalf) with the carrier.

IF DENIED,

LEVEL I APPEAL – ADMINISTERED BY AETNA

2. Employee must file an appeal with Aetna within 180 days from receipt of the notice of denial to request a second review of the claim,
3. Aetna approves or denies the appeal with written notice to the employee
 - a. Within 15 days for Pre-Service
 - b. Within 30 days for Post-Service requests, or
 - c. Within 36 hours for expedited appeals under certain conditions.

IF DENIAL IS UPHELD,

LEVEL II APPEAL – ADMINISTERED BY AETNA

4. Employee must file a Level II appeal within 60 days from receipt of the notice of denial of the Level I appeal.
5. Aetna approves or denies the appeal with written notice to the employee
 - a. Within 15 days for Pre-Service requests,
 - b. Within 30 days for Post-Service requests, or
 - c. Within 36 hours for expedited appeals under certain conditions.

IF DENIAL IS UPHELD,

LEVEL III APPEAL – EXTERNAL REVIEW PROVIDED VIA AETNA

6. Employee may request an external review by contacting Aetna and request a Request for External Review form. An external review is performed by independent physicians with expertise in the medical service or supply at issue. Upon completion of the external review, Aetna accepts the decision of the external reviewer. Your request for an External Review must be returned to Aetna within 123 calendar days from receipt of the notice of denial of the Level II appeal to the address appearing on the form.

IF DENIAL IS UPHELD:

LEVEL IV APPEAL – ADMINISTERED BY THE STATEWIDE BENEFITS OFFICE

7. Employee may file an appeal of the denial in writing to the Statewide Benefits Office within 20 days of the postmark date of the notice of denial of the Level III appeal.

Appeals Administrator
RE: APPEAL
Statewide Benefits Office
500 W. Loockerman Street, Suite 320
Dover, DE 19904

Appeal must contain how the employee may be contacted (mailing address, telephone number, etc) a written summary of events, applicable Explanation of Benefits (EOBs), and any additional documentation employee desires to provide to support his/her position. Additionally, employee must sign and submit with appeal the State of Delaware's Authorization for Release of Protected Health Information form to provide authorization to the Statewide Benefits Office to obtain applicable information from Aetna. This form is available on SBO's website at de.gov/statewidebenefits.

Employees submitting an appeal without the signed form will be requested, in writing, to submit the form. Statewide Benefits Office will not begin to review appeal until State of Delaware's Authorization for Release of Protected Health Information for is received.

8. The Appeals Administrator from the Statewide Benefits Office (or his/her designee) will conduct an internal review of the appeal and provide a written

notice of the decision to the employee and the carrier within 30 days of receiving the appeal.

IF DENIAL IS UPHELD,

**LEVEL V APPEAL – ADMINISTERED BY THE STATE OF DELAWARE –
STATE EMPLOYEE BENEFITS COMMITTEE**

9. Employee may file a written appeal to the State Employee Benefits Committee (SEBC) within 20 days of the postmark date of the notice of denial from the Statewide Benefits Office.

Co-Chair, State Employee Benefits Committee (SEBC)
RE: APPEAL
Department of Human Resources
Haslet Armory, Second Floor
122 Martin Luther King Boulevard, South
Dover, DE 19901

10. The SEBC receives the appeal and:
 - a. Identifies a Hearing Officer (Division Director, Statewide Benefits Office). The Hearing Officer conducts a hearing and submits a report to the SEBC within 60 days of the date of the hearing. The SEBC accepts or modifies the report, and notice of the decision is postmarked to the employee within 60 days; **OR**
 - b. Hears the appeal, and notice of the decision is postmarked to the employee within 60 days of the hearing.

IF DENIAL IS UPHELD,

LEVEL VI APPEAL – DELAWARE SUPERIOR COURT

11. The employee may appeal the decision to the Delaware Superior Court within 30 days of the postmark date of the notice of denial from the SEBC.

T/Appeals & Exceptions, Debt Collection, Etc/Appeal Process/Aetna Effective 07.01.15